

**DIGITALCOMMONS**  
—@WAYNESTATE—

**Michigan Journal of Counseling:  
Research, Theory and Practice**

---

Volume 39 | Issue 2

Article 3

---

1-1-2013

# Counseling Families in Poverty: Moving from Paralyzing to Revitalizing

Blaire Cholewa

*Kean University*, [bcholewa@kean.edu](mailto:bcholewa@kean.edu)

Sondra Smith-Adcock

*University of Florida*

Follow this and additional works at: <https://digitalcommons.wayne.edu/mijoc>

---

## Recommended Citation

Cholewa, B., & Smith-Adcock, S. (2013). Counseling Families in Poverty: Moving from Paralyzing to Revitalizing, *Michigan Journal of Counseling*, 39(2), 13-27. doi:10.22237/mijoc/1356998520

This Article is brought to you for free and open access by the Open Access Journals at DigitalCommons@WayneState. It has been accepted for inclusion in *Michigan Journal of Counseling: Research, Theory and Practice* by an authorized editor of DigitalCommons@WayneState.

# **Counseling Families in Poverty: Moving from Paralyzing to Revitalizing**

**Blaire Cholewa  
Kean University**

**Sondra Smith-Adcock  
University of Florida**

## **Abstract**

Counseling families in poverty can be a daunting process if one only focuses on what is lacking. Taking such a deficit approach is limiting not only to the counselor but also can serve to disempower the clients. This paper presents a strengths-based approach for counseling families living in poverty that emphasizes relational processes and the excavation of resources and resilience. More specifically, recommendations are presented that recognize the contextual factors of families living in poverty and that stress the therapeutic relationship, counselor self-reflection, an unassuming professional stance, and taking on of an advocacy role.

## **Counseling Families in Poverty: Moving from Paralyzing to Revitalizing**

*Zachary comes running up ahead of his mom and sisters to wrap me in a great six-year-old hug. He has a huge smile on his face, and I notice that both he and his sisters are wearing the same clothing that they had on last time I saw them. It's 40 degrees outside, but all three of them only have on sweat-shirts and Zachary's toes are poking out of his boots. However, not a hair is out of place on any of their heads, and Zachary proudly pulls out his homework from his worn backpack. He says, "Guess what? I wrote all my letters. Want to see?"*

Zachary is one of 16 million children living in poverty in the United States (DeNavas-Walt, Proctor, & Smith, 2011). Though the U.S. is one of the most prosperous countries in the world, 9.2 million families were living in poverty in 2010 (DeNavas-Walt et al., 2011). Moreover, while children only account for 24.4 percent of the population, 35.5 percent of the people living in poverty are children (DeNavas-Walt et al., 2011). With such staggering numbers, professional counselors are likely to work with families facing obstacles because of

Blaire Cholewa is an Assistant Professor in Counselor Education at Kean University where she teaches graduate courses in counseling skills, counseling children and adolescents, and research. Sondra Smith-Adcock is an Associate Professor in Counselor Education at the University of Florida (with specializations in School and Mental Health Counseling). Correspondence regarding this article should be directed to Blaire Cholewa at [bcholewa@kean.edu](mailto:bcholewa@kean.edu).

strained financial situations. Therefore, as professionals, counselors must ask themselves if they are prepared to work with families living in poverty.

Families living in poverty may show up for counseling in schools, agencies, and other institutions without their basic needs of food, clothing, shelter, and safety being fully met. Though professional counselors are usually developmentally or wellness based in theoretical orientation, in practice, they may find themselves discouraged when working with families who live in poverty. Thus, in the midst of linking families to much needed resources, they may focus solely on what the family is lacking and the multiple problems they face versus identifying and building on existing strengths. Furthermore, many counselors are often not of the same social class or economic status as families living in poverty, so their middle class worldviews, biases, and expectations for change modifies their perceptions of non-middle class behaviors as divergent from the norm. This in turn negatively influences their choice of counseling interventions and limits counseling outcomes (Liu, Soleck, Hopps, Dunston, & Pickett, 2004). In doing so, they may inadvertently paralyze themselves and the family.

Limited research in professional counseling literature addresses how to counsel families in poverty. In 2002, Brown noted the absence of research and literature counseling families below the poverty line, asserting that existing approaches do not address the specific needs of this population. Moreover, in the last ten years, much of the counseling literature on this topic has been focused on working with low-income students and families within a school context (i.e. Amatea & West-Olatunji, 2007; Amatea, Smith-Adcock, & Villares, 2006; Sheely-Moore & Bratton, 2010) or on parenting practices (i.e. Adkison-Bradley, 2011; Kelch-Oliver, 2011; McWey, 2008). In the few outcome studies available, there also is indication that many barriers exist for low-income families in utilizing traditional counseling services (e.g., transportation), which can lead to a high counseling drop out rate (e.g., Lyon & Budd, 2010; Schwarzbau, 2004; Toporek & Pope-Davis, 2005). Therefore, a paucity of literature and outcome research on counseling the poor has led many to question how the counseling process should differ when working with families that are poor versus with those who are not experiencing economic hardship. Also, what should counselors be aware of and how should they position themselves to work effectively with families living in poverty?

In 2011, Foss, Generali and Kress answered Brown's (2002) call and proposed a model that calls for a strengths-based, multilevel counseling approach for use with individuals living in poverty. In their CARE model, the authors identified four areas of focus with individuals: (a) cultivating a positive relationship; (b) acknowledging the realities of the poor; (c) removing barriers for healthy development; (d) and expanding strengths. Though the CARE model proposed a social justice-oriented, strengths-based approach to working with individual clients living in poverty, it was focused on individual counseling rather than the family context. Crises, such as poverty, can impact family functioning as a whole and the relationship amongst family members (Malia, 2007; Russell, 2012; Walsh, 2003). The purpose of the current manuscript, therefore, is to review current literature on counseling families living at or below the poverty line and to extend the recommendations of Foss and colleagues for counselors working with families.

## Review of the Literature

Much of the literature on working with clients living in poverty is from psychology and sociology and often focuses on remediating maladaptive characteristics, or that which is lacking from or wrong with individuals and families (e.g. Galea et al., 2007). The client, whether an individual, couple, or family, is often viewed as incapable of meeting their own needs and thus necessitating the intervention of experts so that "compensatory support" can be provided (Sousa, Ribiero, & Rodrigues, 2007). Compensatory support may take the form of provision of financial or informational resources or intervention programs that specifically address one or more of the identified deficit areas.

Similarly, in psychological research, families living in poverty have been discussed in terms of their lack of resources, children in poorer health (Wood, 2003), higher rates of depression (Galea et al., 2007), and the increased probability of antisocial behavior and child externalizing behavior (Dubow & Ipolito, 1994; Mrug & Windle, 2009). Within counseling research, for example, low-income couples have been discussed in terms of their psychological distress, as having less marital satisfaction, and as needing parenting intervention (Dakin & Wampler, 2008; Eamon & Venkataraman, 2003). While it is crucial to articulate, prioritize, and address families' needs when they are living in these conditions, it becomes problematic when the family members, or their counselors, cannot see beyond what they are lacking and fail to assess their existing strengths (Toporek & Pope-Davis, 2005).

Some researchers have noted a tendency amongst many adults, including graduate counseling trainees, to take a glass-half-empty view of poor as many hold negative views of low-income individuals (Lott, 2001; Russell, Harris, & Gockel, 2008; Toporek & Pope-Davis, 2005). These negative views often result in pathologizing and stereotyping families living in poverty, as well as attributing causes of poverty to the family members' dispositions and family factors (Toporek & Pope-Davis, 2005). Families living in poverty have alternatively been described in counseling and related literature as "dysfunctional," "multi-problem," "under-organized" and "multi-stressed" (Sousa et al., 2007; Waldegrave, 2005). For example, negative characterizations are exemplified in the experiences of many low-income parents in public schools. School personnel tend to typecast low income parents, especially mothers, as apathetic, uncaring regarding education, incompetent, lazy, and irresponsible (Lott, 2001). The expertise they have concerning their child is invalidated based on a biased perception of single motherhood and poverty (Bloom, 2001; Russell et al., 2008). This negative labeling and pathological view gets both explicitly and implicitly communicated to the family members, which can leave them feeling as if they created their own problems or that they lack the ability to change them (Holcomb-McCoy, 2004; Kiselica, 2004).

By viewing families living in poverty in terms of what they are lacking, counselors and other service providers may assume that they know what the client needs and thus try to rescue a struggling family. As Paulo Freire asserted, "they do not listen to the people, but instead plan to teach them how to 'cast off the laziness which creates underdevelopment'" (1989, p.153). Thus not only

might they silence the family, but by taking on this expert role, albeit in trying to “help,” counselors might actually exacerbate feelings of helplessness and hopelessness in the family. According to Liu et al., (2004), these feelings of bleakness may be a result of middle-class, college-educated-based counseling theories and interventions that rest in middle-class values and ideals. According to scholars in the counseling profession, many individuals and families living in poverty and those of minority status may resist counseling that is geared toward middle class mental health and individualistic ideologies (Cavaleri et al., 2006; Lewis, Lewis, Daniels, & D’Andrea, 2003; Myers & Gill, 2004; Sue & Sue, 2007, Toporek & Pope-Davis, 2005). Consequently, if the counseling profession is going to truly “help” families living in poverty, counselors must avoid reverting to deficit-based approaches and should instead venerate the lived experiences and strengths of these families.

There are few counseling outcome studies citing best practices with low-income populations. Amatea and West-Olatunji (2007) reported that only nine articles in the *Journal of Counseling and Development* up until that time had focused on clients living in poverty. Of the existing research, there is evidence suggesting a strengths-based approach may be effective (e.g., Gill, Barrio-Minton & Myers, 2010; Sheely-Moore & Bratton, 2010). For example, in their study of low-income rural women’s spirituality, Gill and colleagues (2010) found spirituality and wellness to be linked, citing the importance of strengths-based interventions with low-income clients. Similarly, in an exploratory study of the effectiveness of a strengths-based child-parent relationship training using play with low income parents, researchers found that those receiving the training reported a statistically significant decrease in total behavior problems and parent-child relationship stress, as compared to a control group (Sheely-Moore & Bratton, 2010). While both of these studies emphasize the promise of strengths-based approaches for counseling parents from low-income families, the first focuses on women and the other focuses on parent training. In recent literature searches, we have not found any other counseling outcome research that specifically addresses strengths-based interventions for families in poverty.

### **Conceptualizing Families in Poverty using a Strengths-Based Approach**

Foss and colleagues’ CARE model (2011) is a humanistic, strengths-based counseling approach. In this stage approach, the first stage consists of relationship development centered on minimizing the macro-level power differences, maintaining cultural competence and communicating respect for client strengths. The second stage focuses on honoring the realities of living in poverty including the daily challenges and the psychological, social and emotional toll it may take on a client. The third stage, removing barriers, involves not only removing barriers that impede individuals ability to receive counseling but concrete solutions and crisis intervention strategies. The final stage of the model stresses the expansion of strengths, including primary and secondary coping strategies, from a wellness perspective (Myers & Sweeney, 2008). While the CARE model is an important addition to counseling literature, it focuses primarily on individuals. When discussing strengths of persons living in poverty, we

maintain the importance of also looking at resources at the familial or relational level.

In examining family resilience, Walsh (2003) emphasizes the relational nature of strengths and resources and the importance of looking beyond individual characteristics to relational processes. Walsh's resilience framework stems from systems theory, and thus she notes that the processes extend beyond the parent-child processes to relationships between siblings, the couple, and extended family. Walsh's framework is based in three family resilience processes: family belief systems (e.g. making meaning of adversity, positive outlook, and spirituality), organizational patterns (e.g. flexibility, connectedness, social and economic resources), and communication/problem-solving (e.g. clarity, open emotional expression, and collaborative problem solving). That said, it also is important to keep in mind, particularly with families living in poverty, that no single model exemplifies functioning for all families and their situations (Walsh, 2003). What is deemed healthy functioning must be reviewed in context, based in part on the family's values, structure, resources, and life adversity. With respect for the lack of a singular model of healthy family functioning, the framework Walsh proposed is based in a firm belief in the family's ability to recover and grow out of challenges. Consequently, Walsh's framework is used to inform some of the recommendations presented in this article.

### **Recommendations for Counselors Working with Families Who Live in Poverty**

Using a strengths-based paradigm provides a framework from which counselors can work effectively with families living in poverty. This process can be conceptualized as a *treasure hunt* as the counselor and the family work together to discover the many treasures embedded within the family. It includes the following components: counselor self-evaluation and reflection, advocacy, relationship-building, unassuming curiosity, and a relational strengths search that culminates in a new, co-constructed story.

**“Counselor, know thyself-in-relation.”** In order to be effective within the counseling profession, many counselor educators feel that every counselor must take part in an ongoing self-reflective process. This self-reflective process is emphasized within multicultural counseling literature (Sue & Sue, 2007) particularly with regard to ethnic and cultural differences, but it is also important to consider economic differences between the counselor and the families. The counselor needs to attend to his/her own partiality regarding social class and classism and how his/her own previous social class and classist experiences and those of the client may factor into counseling (Liu et al., 2004). Foss et al. (2011) and Toporek & Pope-Davis (2005) echo Liu et al. and also prompt counselors to examine their stereotypes and biases regarding their conceptualizations of the causes of poverty. When working with families in poverty, a counselor must go even further and explore his/her own values concerning what constitutes “appropriate” family processes, structures and recognize the personal and cultural basis of such views so as not to project them on to his/her clients. An honest look at the counselor's own family experience may enhance awareness of how it may influence his/her ability to co-create new stories that

are based in strengths and resources.

A large part of this self-reflection will include looking beyond the middle class definitions of family strengths, resources, and success (i.e. treasures). This includes recognizing the uniqueness of each family's treasures and honoring the ways each individual family has endured, thrived, and "struggl[ed] well" (Walsh, 2003). Some of what mainstream society has deemed to be symptoms of poverty are not symptoms but can actually be reframed as something to be respected and honored. For example, many school professionals, including school counselors, often denigrate parents of low income for not being involved in their child's education, when in truth the parents are working two to three jobs so that they can put food on the table and provide their children with opportunities. It may be that the parent has delegated an aunt or uncle, or even a sibling to take on the educational leadership role in their absence. Thus, though they may not attend parent-teacher conferences, the treasures exist in the parents' deep investment in the future of their children and the mobilization of their kin network as a social resource (Walsh, 2003). The process of putting on strength-focused lenses will look differently for each individual counselor and each family he/she works with. However, the counselor's ability to co-create empowering stories with the families is dependent on the counselor's ability to self-reflect and stretch beyond his/her own culturally based definitions of what constitutes strengths or *treasures*. The groundwork has been laid as Walsh (2003) has identified key process in family resilience (e.g. making meaning of adversity, positive outlook, connectedness, and open emotional expression).

**Relationship is key.** Research has shown repeatedly that the relationship between the counselor and the client(s) is a key factor in positive counseling outcomes (Sexton & Whiston, 1994; Wampold, 2001). The establishment of both rapport and a trusting relationship are particularly crucial when working with families that have been oppressed and marginalized, as are many poor families. When counseling within the family context, it is particularly unique in that the counselor must forge a relationship with each individual, the subsystems in the family (parents and siblings), and the family unit as a whole (Pinsof & Catherall, 1986). Therefore, the counselor must engage in what Butler, Harper and Brimhall (2011) call multipartial interaction, giving voice to each member's experience and strengths without focusing on consensus but rather, equally validating each person's account with dynamic neutrality. The relationship-building process is unique for each counselor and will vary in the counselor's work with one family to the next. Nonetheless, there are certain additional areas that may be beneficial to address when working with families living in poverty.

One such area involves verbally broaching the ethnic, cultural, and economic differences between the family and the counselor (Day-Vines et al., 2007). In many cases the counselor has never been through much of what the family experiences on a daily basis, and the family is cognizant of these differences. By acknowledging the dissimilarities within the relationship, space is created for the family and the counselor to discuss them so that they do not negatively impact the treasure hunt. It also can have the effect of increasing the family's trust in the counselor because he/she has affirmed the variations in

their experiences instead of negating them. One qualitative study found that acknowledging class differences between the clients and counselors contributed to the positive experience of therapy, and the counselor's failure to do so negatively impacted the relationship (Thompson, Cole, & Nitzarim, 2012).

Establishment of trust will be further enhanced by the counselor's willingness to self-disclose and become involved in the life of the family. Research has shown that in cross-cultural client counselor relationships, counselor self-disclosure is preferred by clients (Cashwell, Shcherbakova, & Cashwell, 2003; Thompson et al., 2012). Therefore, it may be important for the counselor to disclose to families in poverty about his/her own financial struggles, his/her own successes, failures, and relationships. The relationship may also include the counselor involving him/herself in the life of the family by attending family functions or accompanying a family member in applying for a job. While this self-disclosure and extra-counseling activities may not seem ethical by traditional standards, section A.5.d. of the American Counseling Association's Code of Ethics (ACA, 2005) notes the potential benefits of some counselor client-interactions that go beyond the traditional counseling relationship. However, the counselor must be able to present a rationale and document the potential benefits and consequences to the client in order to substantiate such interactions. These interactions should be monitored carefully to ensure that it is in the client's best interest and ongoing client counselor dialogue is maintained regarding the mutual acceptability of the interactions on both the family members' and counselor's part (Kocet, 2006; Moleski & Kiselica, 2005).

**Unassuming curiosity.** A way of enhancing the therapeutic relationship is through a counselors' open-hearted, unassuming curiosity. Regrettably, as is the case when working with families living in poverty, counselors may quickly assume the expert role (Bryan, 2009). In taking on an early directive role, the counselor may view his or her educational background and role as an authority figure as permission to dictate to the family what the focus of counseling should be (Madsen, 2007), and doing so can immobilize the family. Thompson et al. (2012), for example, noted that low-income clients valued counselors who worked toward an egalitarian relationship where power was not exerted over another. Within a strengths-based framework, family members are invited to tell their own story of their lives, their struggles and successes. In doing so, they may begin to recognize how they do more than bounce back from struggles, but rather are "bouncing forward," further equipping themselves to face new challenges (Walsh, 2002)

To identify strengths or *treasures*, the counselor takes a stance to "appreciate the meaning of clients' ways of being in the world" (Gorman, 2001, p. 10) and works as an "appreciative ally," thus allowing the family to see the counselor as someone who is "on their side" (Madsen, 2007; p. 9). The family is given their rightful opportunity to be seen as no less human, but as a significant family, with an important story to tell. Low-income individuals have reported the importance of their counselor providing them the opportunity to tell their unique story and showing that they cared (Thompson et al., 2012). Foss and colleagues (2011) call this "acknowledging the realities of poverty" and assert the importance of empathizing with the individual's experience of economic injustice and structural barriers. In working with families, this process includes examining



the collective experience of family members, extended kin, and generational stories. Furthermore, the counselor does not presuppose that success for the family is upward mobility and attaining the middle class standards of living (Liu et al., 2004); instead, he/she trusts the family's knowledge of their own experience and expertise, and thus the counselor and the family collaboratively identify the areas in which they would like to work (Foss et al., 2011; Johnson, Wright & Kettering, 2002; Madsen, 2007).

**Counselor as an advocate.** A mutual narrative also can be created in relation to how the counselor sees his/her role as a counselor to families in poverty. This role extends further than trying to enact change with families, but to trying to enact change in the entire environment or system in which both the counselor and the families are a part (Holcomb-McCoy, 2004; Keys, Bemak, Carpenter, & King-Sears, 1998; Lewis et al., 2003). Many of the difficulties that these families are facing result from unemployment, racism, and poor housing; thus, the troubles are symptoms not of the families themselves, but of broader social problems (Goodman et al., 2004; Waldegrave, 2005).

It is important not to ignore the contextual factors that are involved in the situations of families in poverty. Through advocacy the counselor can impact public policy and challenge harmful political, social, and economic forces that are impacting the families (Keys et al., 1998; Lewis et al., 2003; Waldegrave, 2005). Foss and colleagues (2011) suggest advocating for flexible scheduling, financing transportation, in home therapy, and establishing clinics in high poverty areas. Additionally, families may specifically need advocacy with regard to access to neighborhood resources, the welfare system, school policies which may negatively impact the children, and healthcare.

Another example of counselor advocacy is to promote a change in the language and beliefs that surround families in poverty. The counselor can advocate for the families to be re-conceptualized in a more strengths-based light and be recognized as treasure-laden, versus treasure-deprived and a burden on society. In this advocacy role, however, the counselor needs to remember that the fight must be fought "with, not for" the families (Friere, 1989). In this way, the counselor becomes not only an advocate for the family, but also part of a supportive social network.

**Revitalizing: A treasure excavation.** Part of the process of the families overcoming the situations with which they are dealing, involves helping them create a new story built upon the existing story that has preceded their entrance to counseling as well as the interactions within the counseling sessions. Thus, the family is able to re-conceptualize themselves from a multi-problem family to a multi-strength family that can identify the various ways they have faced and overcome challenges to date, and are thus equipped to continue to do so. At times the family's particular situation may require the counselor to work alongside the family in acquiring basic resources that will enable the family to move themselves out of crisis mode (Thompson et al., 2012; Vandergriff-Avery, Anderson, & Braun, 2004) and towards creating a new reality. As articulated by Maslow (1954), there are certain areas, usually biologically based (i.e. food, clothing, shelter), that need be fulfilled before moving toward working on what he calls "growth needs." The counselor's partnership with the family to obtain the basics further connects them in an alliance so that the "growth

needs” can be attended to in the form of a re-storying treasure hunt (Foss et al., 2011).

Recognition of their strengths and resources may be difficult for families living in poverty because society may have blindfolded them to the many ways they have shown resilience and strength as a family unit. The news media has bombarded the poor with negative messages, and often the family has internalized this language and the negative social interactions, thus creating a negative reality in which to exist (Kendall, 2011; Waldegrave, 2005). Therefore, some families may need some initial assistance in beginning to identify many of the treasures that are already encompassed with each individual family member, the family as a whole, and the community. These strengths will be different for each family, but with co-construction with the family members, this initial unearthing of the “jewels” and “nuggets” will reveal further strengths and resources, including their ability to tap into resources, social supports, or other positive characteristics.

The process of excavating a family’s strengths and resources can have a very empowering impact on the family and can instill hope for the future (Lewis et al., 2003; Snyder, Ilardi, Michael, & Cheavens, 2000). However, the work does not stop once the strengths and resources have been revealed. The next step involves the family and the counselor collaboratively expanding and building upon the family’s strengths (Foss et al., 2011; Lietz, 2006). Part of building on the already existing strengths may include working together to generalize these existing strengths to other areas in the family’s life. An example of this could be a family’s demonstration of unity and support for one another surrounding the death of a loved one. Together, the family and the counselor can then brainstorm about other areas where this cohesion may be beneficial (i.e. when a sibling is struggling with a peer group or when a family member gets a new job). This strengths-building process may even include laying out a framework for how the family can be there for each other in future challenging times. It is in the course of identifying strengths and extending these to new situations that a new story is being created. This new story enables the family to begin to picture themselves in a new way, a way that empowers them and gives them agency to enact changes and move toward achieving their self-determined goals.

### **Case Example: Zachary’s Family**

Zachary, the young boy described at the outset of this manuscript might traditionally be seen as a six-year-old whose family lacks sufficient resources. Labeling Zachary and his family in terms of what they do not have may keep one from noticing all that he and his family do have. If one looks deeper using the recommendations set forth in this article, and spends time with the family, one can see that Zachary is a friendly and happy child, as are his two older sisters.

As described in the recommendations, prior to and within the counseling sessions, the counselor worked hard to examine her own biases and explore how her own socio-economic privilege impacted her worldview. In counseling sessions, the counselor created space for the family to express their story by following the family’s lead. In doing so, the family enumerated many of Walsh’s

(2003) resilience processes. Together the family and the counselor expanded on these *treasures*. For example, while in counseling the mother got a part time job as a certified nurse's assistant. As such, the siblings had to go through the morning routine without their mother. Initially, chaos, fighting, resentment, and disorganization ensued. However, the counselor examined how things were working with the family, expanding on the excavated family treasures of connectedness and collaborative problem solving (Walsh, 2003). The family's resilience during tough times had become evident as they elaborated their story of losing their father and husband.

Utilizing family strengths such as connectedness and collaborative problem solving in subsequent counseling sessions, the family shared feelings of both frustration and determination, and collectively developed a morning routine that worked for everyone. Therefore, every morning his family works hard to make sure that Zachary gets to school on time, that his hair is combed neatly, and that his homework is completed and ready to be turned in. He may not have new, clean clothes or a backpack, his mother might not be there every morning to make his breakfast and get him ready for school, but Zachary has a resilient and dedicated family, and is adored by students and teachers alike for his easygoing attitude and big heart. Which is more important?

## **Conclusions and Implications**

Moving from a deficit view of families in poverty to viewing the family through a strengths-based lens allows the counselor and the family to co-construct a new story that emphasizes the treasures embedded within the family. The new story changes the language in which the families describe themselves, and hopefully can begin to change the language in which others describe families in poverty as well. This process of revitalization amongst and within the family builds upon the strengths-based work of Foss and colleagues (2011) by focusing on families and their relational strengths. With the recommendations set forth in the current manuscript, it is the authors' hope that counselors will be inspired to work with poor families in such a way that the family can begin to rekindle hope, recognize and expand on their existing treasures, while working together to create new ones.

Lastly, given the limited outcome research on counseling families who live in poverty, future research must be conducted examining the effectiveness of this and other strengths-based approaches (e.g., Foss, et al.). Furthermore, strengths-based approaches hold particular promise in making counseling culturally relevant and accessible to families who live in poverty. Though families living in poverty are resilient, there appear to be real barriers to making counseling services accessible to them. Future outcome studies should examine both counseling effectiveness (e.g., improved family functioning, decreased stress, or healthy child adjustment) as well as whether strengths-based interventions improve on the availability and utilization of counseling and decrease the dropout rate seen in prior studies. Research is needed that focuses systematically on the biases and barriers that contribute to paralysis as well as approaches that revitalize the effectiveness of counseling families who are struggling against poverty.

## References

- Adkison- Bradley, C. (2011). Seeing African Americans as competent parents: Implications for family counselors. *The Family Journal*, 19, 307-313.
- Amatea, E. S., Smith-Adcock, S., & Villares, E. (2006). From family deficit to family strength: Viewing families' contributions to children's learning from a family resilience perspective. *Professional School Counseling*, 9, 177-189.
- Amatea, E., & West-Olatunji, C. (2007). Joining the conversation about educating our poorest children: New leadership roles for school counselors in high poverty schools. *Professional School Counseling*, 11, 81-89.
- American Counseling Association. (2005). *ACA Code of Ethics*. Alexandria, VA: Author.
- Bloom, L. R. (2001). "I'm poor, I'm single, I'm a mom, and I deserve respect": Advocating in schools as/with mothers in poverty. *Educational Studies*, 32, 300-316.
- Brown, S. (2002). We are, Therefore I am: A multisystems approach with families in poverty. *The Family Journal*, 10, 405-409.
- Bryan, J. (2009). Engaging clients, families, and communities as partners in mental health. *Journal of Counseling & Development*, 87(4), 507-512.
- Butler, M. H., Harper, J. M., & Brimhall, A. S. (2011). A Primer on the evolution of therapeutic engagement in MFT: Understanding and resolving the dialectic tension of alliance and neutrality. Part 2-Recommendations: Dynamic neutrality through multipartiality and enactments. *American Journal of Family Therapy*, 39(3), 193-213.
- Cashwell, C., Shcherbakova, J. & Cashwell, T.H. (2003). Effect of client and counselor ethnicity on preference for counselor disclosure. *Journal of Counseling & Development*, 81, 196-201.
- Cavaleri, M.A., Gopalan, G., McKay, M., Appel, A., Bannon, W., Bigley, M....Thalor, S. (2006). Impact of a learning collaborative to improve child mental health service use among low-income urban youth and families. *Best Practice in Mental Health: An International Journal*, 2, 67-79.
- Dakin, J., & Wampler, R. (2008). Money doesn't buy happiness, but it helps: Marital satisfaction, psychological distress, and demographic differences between low- and middle-income clinic couples. *American Journal of Family Therapy*, 36(4), 300-311.

- Day-Vines, N., Wood, S., Grothaus, T., Graigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling & Development, 85*, 401-409.
- DeNavas-Walt, C., Proctor, D., & Smith, J.C. (2011). U.S. Census Bureau, Current Population Reports, P60-239, *Income, Poverty, and Health Insurance Coverage in the United States: 2010*. U.S. Government Printing Office, Washington, DC.
- Dubow, E.F. & Ipolito, M.F. (1994). Effects of poverty and quality of home environment on changes in academic and behavioral adjustment of elementary school aged children. *Journal of Clinical Child Psychology, 23*, 401-412.
- Eamon, M., & Venkataraman, M. (2003). Implementing parent management training in the context of poverty. *American Journal of Family Therapy, 31*(4), 281-293.
- Foss, L., Generali, M., & Kress, V. (2011). Counseling people living in poverty: The CARE model. *Journal of Humanistic Counseling, 50*, 161-171.
- Freire, P. (1989). *Pedagogy of the oppressed*. New York: Continuum Publishing.
- Galea, S., Ahern, J., Nandi, A., Tracy, M., Beard, J. & Vlahov, D. (2007). Urban neighborhood poverty and the incidence of depression in a population based cohort study. *Annals of Epidemiology, 17*, 171-179.
- Gill, C. S., Barrio Minton, C. A., & Myers, J. E. (2010). Spirituality and religiosity: Factors affecting wellness among low-income, rural women. *Journal of Counseling & Development, 88*(3), 293-302.
- Goodman, L. A., Liang, B., Helms, J. E., Latta, R. E., Sparks, E., & Weintraub, S. R. (2004). Training counseling psychologists as social justice agents: Feminist and multicultural principles in action. *The Counseling Psychologist, 32*, 793-837.
- Gorman, W. (2001). Refugee survivors of torture: Trauma and treatment. *Professional Psychology: Research and Practice, 32*, 443-451.
- Holcomb-McCoy, C. (2004) Alienation: A concept for understanding low-income, urban clients. *Journal of Humanistic Counseling, Education & Development, 43*, 188-196.

- Johnson, L. N., Wright, D. W., & Kettering, S. A. (2002). The therapeutic alliance in home-based family therapy: Is it predictive of outcome? *Journal of Marital and Family Therapy*, 28, 93–102.
- Kelch-Oliver, K. (2011). African American grandchildren raised in grandparent-headed families: An exploratory study. *The Family Journal*, 19, 396–406.
- Kendall, D. (2011). *Framing class: Media representations of wealth and poverty in America*. Lanham, MD: Rowman & Littlefield Publishers.
- Keys, S. G., Bemak, F., Carpenter, S. L., & King-Sears, M. E. (1998). Collaborative consultant: A new role for counselors serving at-risk youths. *Journal of Counseling & Development*, 76, 123–133.
- Kiselica, M. (2004). When duty calls: The implications of social justice work for policy, education and practice in the mental health professions. *The Counseling Psychologist*, 32, 838–854.
- Kocet, M. (2006). Ethical challenges in a complex world: Highlights of the 2005 ACA code of ethics. *Journal of Counseling & Development*, 84, 228–234.
- Lewis, J., Lewis, M. D., Daniels, J. A., & D'Andrea, M. J. (2003). *Community counseling: Empowerment strategies for a diverse society*. Pacific Grove, CA: Brooks/Cole.
- Lietz, C. A. (2006). Uncovering stories of family resilience: A mixed methods study of resilient families, part one. *Families in Society: The Journal of Contemporary Social Services*, 87, 575–582.
- Liu, W.M., Soleck, G., Hopps, J., Dunston, K., & Pickett, T. (2004). A new framework to understand social class in counseling: The social class worldview model and modern classism theory. *Journal of Multicultural Counseling and Development*, 32, 95–122.
- Lott, B. (2001). Low-income parents and public schools. *Journal of Social Issues*, 57, 247–259.
- Lyon, A. R., & Budd, K. S. (2010). A community mental health implementation of Parent–Child interaction therapy (PCIT). *Journal of Child and Family Studies*, 19, 654–668.
- Madsen, W.C. (1999). *Collaborative therapy with multi-stressed families: From old problems to new futures*. Watertown, MA: Guilford Press.

- Malia, J. A. (2007). A reader's guide to family stress literature. *Journal of Loss & Trauma*, 12(3), 223-243.
- Maslow, A. (1954). *Motivation and personality*. New York: Harper & Row.
- McWey, L. M. (2008). In-home family therapy as a prevention of foster care placement: Clients' opinions about therapeutic services. *American Journal of Family Therapy*, 36(1), 48-59.
- Moleski, S., & Kiselica, M. (2005). Dual relationships: A continuum ranging from the destructive to the therapeutic. *Journal of Counseling & Development*, 83, 3-11.
- Mrug, S., & Windle, M. (2009). Mediators of neighborhood influences on externalizing behavior in preadolescent children. *Journal of Abnormal Child Psychology*, 37(2), 265-280.
- Myers, J. E., & Gill, C. S. (2004). Poor, rural and female: Under-studied, under-counseled, more at-risk. *Journal of Mental Health Counseling*, 26(3), 225-242.
- Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling & Development*, 86, 482-493.
- Pinsof, W. M., & Catherall, D. R. (1986). The integrative psychotherapy alliance: Family, couple, and individual scales. *Journal of Marital and Family Therapy*, 12, 137-151.
- Russell, L. D. (2012). Creating meaning from chaos: Narrative and dialogic encounters in family crisis. *Qualitative Inquiry*, 18(5), 391-400.
- Russell, M., Harris, B., & Gockel, A. (2008). Parenting in poverty: Perspectives of high-risk parents. *Journal of Children & Poverty*, 14(1), 83-98.
- Schwarzbaum, S. E. (2004). Low-income Latinos and dropout: Strategies to prevent dropout. *Journal of Multicultural Counseling and Development*, 32, 296-306.
- Sexton, T. L., & Whiston, S. C. (1994). The status of the counseling relationship: An empirical review, theoretical implications, and research directions. *The Counseling Psychologist*, 22, 6-78.
- Sheely-Moore, A. C. & Bratton, S. (2010). A strengths-based parenting intervention with low-income African American families. *Professional School Counseling*, 13(3), 175-183.

- Snyder, C. R., Ilardi, S., Michael, S., & Cheavens, J. (2000). Hope theory: Updating a common process for psychological change. In C. R. Snyder & R. E. Ingram (Eds.), *Handbook of psychological change: Psychotherapy processes and practices for the 21st century* (pp. 128-153). New York: John Wiley.
- Sousa, L., Ribeiro, C. & Rodrigues, S. (2007). Are practitioners incorporating a strengths-focused approach when working with multi-problem poor families? *Journal of Community & Applied Social Psychology*, 17, 53-66.
- Sue, D. W. & Sue, D. (2007). *Counseling the culturally diverse: Theory and practice*. (5<sup>th</sup> ed.). New York: John Wiley and Sons, Inc.
- Thompson, M. N., Cole, O. D., & Nitzarim, R. S. (2012). Recognizing social class in the psychotherapy relationship: A grounded theory exploration of low-income clients. *Journal of Counseling Psychology*, 59(2), 208-221. doi:10.1037/a0027534
- Toporek, R.L., & Pope-Davis, D.B. (2005). Exploring the relationships between multicultural training, racial attitudes, and attributions of poverty among graduate counseling trainees. *Cultural Diversity and Ethnic Minority Psychology*, 11(3), 259-271.
- Vandergriff-Avery, M., Anderson, E., & Braun, B. (2004). Resiliency capacities among rural low-income families. *Families in Society: The Journal of Contemporary Social Services*, 85, 562-570.
- Waldegrave, C. (2005). "Just Therapy" with families on low incomes. *Child Welfare*, 84, 265-276.
- Walsh, F. (2002). Bouncing forward: Resilience in the aftermath of September 11. *Family Process*, 41, 34-36.
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42, 1-18.
- Wampold, B. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum & Associates.
- Wood, D. (2003). Effect of child and family poverty on child health in the United States. *Pediatrics*, 112, 707-711.